

#3

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
with Initial
Filing

OR

☐

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PAN01/002

First Named Inventor

WOLOZIN

COMPLETE IF KNOWN

Application Number

09/901,187

Filing Date

09 July 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods for Preventing Neural Tissue Damage and for
the Treatment of Alpha-Synuclein Diseases

(Title of the Invention)

the specification of which

☒

is attached hereto

OR

☐

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

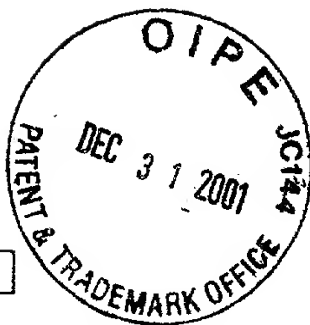
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
60/217,319	US	07/07/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60/279,199	US	03/28/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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PTO/SB/02A (11-00)
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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael S.		LEBOWITZ	
Inventor's Signature <i>Michael S. Lebowitz</i>		Date 08/15/01	
Residence: City Baltimore	State MD	Country US	Citizenship US
Mailing Address 7504 Slade Avenue			
Mailing Address			
City Baltimore	State MD	ZIP 21208	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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Name

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City

State

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

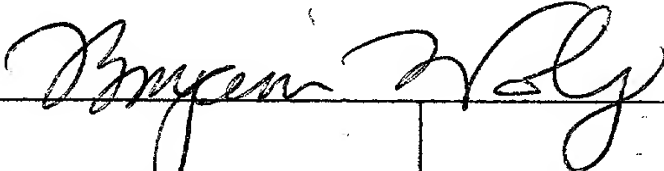
Given Name

(first and middle [if any])

Benjamin

Family Name
or Surname

WOLOZIN

Inventor's
Signature

Date

8/13/01

Residence: City

Hinsdale

State IL

Country US

Citizenship

US

Mailing Address 215 South Monroe Street

City Hinsdale

State IL

ZIP 60130

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

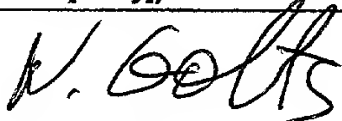
Given Name

(first and middle [if any])

Natalie

Family Name
or Surname

OSTRETOVA-GOLTS

Inventor's
Signature

Date

08/13/01

Residence: City

Forrest Park

State IL

Country US

Citizenship

US

Mailing Address 930 Marengo Avenue #2

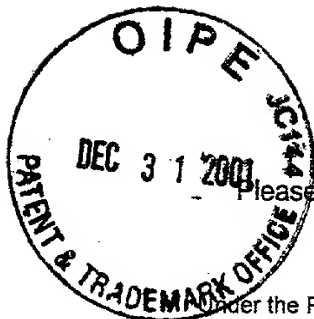
City Forrest Park

State IL

ZIP 60130

Country US

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	not yet assigned
Filing Date	09 July 2001
First Named Inventor	Wolozin
Title	Methods for Preventing...
Group Art Unit	
Examiner Name	
Attorney Docket Number	PAN01/002

I hereby appoint:

☒ Practitioners at Customer Number

29100

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael S. Lebowitz
Signature	
Date	10/15/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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Title	Mthods for Preventing..
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Examiner Name	
Attorney Docket Number	PAN01/002

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SIGNATURE of Applicant or Assignee of Record

Name

BenjaMIN Wolozin

Signature

Date

August 13 2001

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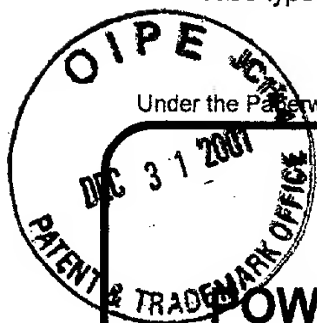
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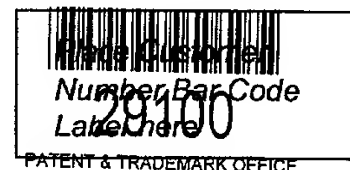
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Natalie Ostretova-Golts

Signature

Date

08/01/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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